


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000054116</b>		
1. Entity Name CHRISTL SERVICES OF PALM COAST, FLORIDA, INC.		
Principal Place of Business 11 CROSSBOW CT. PALM COAST, FL 32137	Mailing Address 11 CROSSBOW CT. PALM COAST, FL 32137	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		4. FEI Number 59-3650958 Applied For Not Applicable
6. Name and Address of Current Registered Agent OTTOSON, WAYNE T 11 CROSSBOW CT. PALM COAST, FL 32137		
<b>DO NOT WRITE IN THIS SPACE</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		U000000218727 02/07/05-80077-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTTOSON, WAYNE T 11 CROSSBOW CT. PALM COAST, FL 32137	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OTTOSON, JUDITH 11 CROSSBOW CT. PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Judith Ottoson</u> <u>JUDITH OTTOSON</u> <u>2-3-05</u> <u>386-446-5318</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		